



LETTER TO THE EDITOR

The role of FEV₆ in the detection of airway obstruction

In the January 2005 issue of Respiratory Medicine, Dr. Demir and colleagues compare the performance of the FEV₁/FVC₆ with the FEV₁/FVC ratio in detecting airway obstruction.¹ Obstruction was defined using the Global Obstructive Lung Disease² (GOLD) criterion; that is, an FEV₁/FVC ratio less than 70%. The FEV₁/FVC₆ performed rather poorly in this comparison but this is to be expected when a fixed ratio is used. On average, FEV₆ will be less than FVC in people over age 40, and the average FEV₁/FVC₆ ratio will therefore be higher than the FEV₁/FVC ratio. The more appropriate comparison would have used an appropriate statistically defined lower limits of the healthy subject range. The only such equations currently available are those from the NHANES III study.³

Their large database would allow the authors to provide an estimate of a threshold for defining airway obstruction comparable to the GOLD criteria but based on FEV₁/FVC₆. Even as I say this, I want to stress that using a fixed ratio (even that

recommended by GOLD) results in misclassifications compared to more traditional lower limits of normal and that those misclassifications occur more frequently in healthy elderly individuals.⁴

References

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3. Hankinson JL, Odencrantz JR, Fedan KB. Spirometric reference values from a sample of the general US population. *Am J Respir Crit Care Med* 1999;**159**:179–87.
4. Hardy JA, Buist AS, Vollmer WM, Ellingsen I, Bakke PS, Morkve O. Risk of over-diagnosis of COPD in asymptomatic elderly never-smokers. *Eur Resp J* 2002;**20**:1117–22.

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